

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

FORMAL COMPLAINT

ORIGINAL

Illinois Commerce Commission
527 East Capitol Avenue

Springfield, Illinois 62794-9280

Oct 5 5
CHIEF CLERK'S OFFICE

For Commission Use Only:

Case 01-0640

Regarding a complaint

by PERCY J. ANDERSON
(Person making the complaint)

against PEOPLES (GAS) ENERGY
(Utility name)

as to BROKEN GAS METER, LEAKING OIL

LATE PAYMENT CHARGES, LARGE (OVERPRICED) BILLS \$2852.83
(Reason for complaint)

in CHICAGO, ILL. Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My mailing address is 14512 CREEK CROSSING DR ORLAND PARK, ILL 60467-7476

The service address that I am complaining about is 6559 SO. PEORIA ST. (HOUSE METER)

(APT. BUILDING) CHICAGO, ILL. 60621

My home telephone number is 708 460-0349

Between 8:30 a.m. and 5:00 p.m. weekdays I can be reached at 708 460-0349

PEOPLES GAS ENERGY CO. (respondent) is a public utility and is subject to the provisions of
(Full name of utility company)

the Illinois Public Utilities Act.

In the space below, list the specific section of the law, Commission rule(s), or utility tariffs which you think are involved with your complaint.

200.100, 200.25, 200.40, 200.70, 200.90, 200.130, 200.150
200.170, 200.180, 200.190, 200.300, 200.310, 200.335,
200.500, 200.520, 200.530, 200.540, 200.570, 200.580,
200.610, 200.620, 200.650, 200.680, 200.700, 200.800,
200.840, 200.870, 200.890, 200.1020, 200.1050,
200.820, 200.690,

Have you contacted the Consumer Affairs Division of the Illinois Commerce Commission about this complaint? ☒ Yes ☐ No

Has your complaint filed with that office been closed? ☒ Yes ☐ No

Please state your complaint briefly. Number each of the paragraphs. Please include any specific time period and dollar amounts involved with your complaint. Use an extra sheet of paper, if needed.

1. BROKEN GAS METER LEAKING OIL. LOW OIL CAUSE PISTON TO STICK
2. DISPUTED GAS BILL: FROM OCT. 25, 2000 TO MARCH 27, 2001
3. METER REMOVED AUG. 6, 2001
4. CREDIT \$ 2,752.83. DISPUTED BILL.
5. CREDIT ALL CHARGES. (LATE PAYMENTS)
6. THE PISTON'S STICKING CAUSE THE FURNACE TO BURN EXCESS GAS. AND LARGE GAS BILLS.
7. STRIKE: CAUSE A LONG HISTORY TO REPLACE THE METER.

Please clearly state what you want the Commission to do in this case.

1. CREDIT \$2,752.83: CREDIT ALL LATE PAYMENTS.
2. BALANCE \$4,512.84

Date: OCT 1, 2001
th, day, and year)

Complainant's signature Diana Akkawi

If you will be represented by an attorney, please give the attorney's name, address, and telephone number.

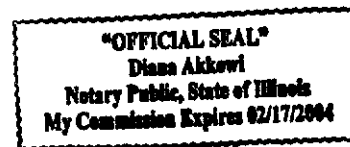
You need to file the original and three copies of this form with the Commission and also provide the Commission one copy for each utility complained about (referred to as respondents).

VERIFICATION

A notary public must watch you fill out this part of the form.

I, Diana Akkawi, first being duly sworn, say that I have read the above petition and know what it says. The contents of this petition are true to the best of my knowledge.

(Signature)



Subscribed and sworn/affirmed to before me this 1 day of October, 19 2001

Notary Public, Illinois

NOTE:

Failure to answer all of the questions on this form may result in this form being returned to you without processing. If you have questions, please call the counselor in the Consumer Affairs Division that handled your informal complaint.